DLN: 93493319050356

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private OMB No 1545-0047

Department of the

foundations)

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/foim990

	al Revenue Servic						
		lendar year, or tax year beging C Name of organization	nning 01-01-2015 , and ending 12-31-2	015	D Empl		tification number
_	eck ıf applicable ddress change	AMERICAN GAS ASSOCIATION					tification number
	ame change				13-0	431590	
☐ Ir	nitial return	Doing business as					
Fi return	ınal /termınated		if mail is not delivered to street address) Room/	suite	E Teleph	one numb	er
	nended return	400 NORTH CAPITOL STREET N	(202	824-72	255		
Ap	plication pending	City or town, state or province, WASHINGTON, DC 20001	country, and ZIP or foreign postal code		G Gross	receipts \$	37,083,987
		F Name and address of pri	ncıpal officer	H(a) ⊺	s this a grou	n retur n i	for
		david k mccurdy 400 NORTH CAPITOL ST	DEET NW No. 450		ubordinates?		⊤ Yes 🗸
		WASHINGTON, DC 2000			No .re all subord	inates	
I Ta	x-exempt status	□ 501(c)(3)) ◄ (insert no)	l i	ncluded?		□Yes □ No
J W	'ebsite: ► WW	W AGA ORG			r "No," attac Group exemp		see instructions)
K For	m of organization	✓ Corporation Trust As	sociation		of formation 1		State of legal domicile DE
			·				
Pa		mary	sion or most significant activities				
			OCTOBER 13, 2015 THE AMERICAN	GAS ASSO	CIATION (A	GA)REF	RESENTS
			GAS SAFELY, RELIABLY, AND IN AN				
		-	R THEIR CUSTOMERS EVERY DAY AG HE INDISPENSABLE, LEADING VOICE				
e C			AND EFFICIENT DELIVERY OF NATUR				
ě	THE NAT	ION					
ei							
Governance							
ঠ	2 Check th	ıs box ▶ ┌─ ıf the organızatıo	n discontinued its operations or dispose	d of more th	an 25% of it	s net as:	sets
Activities &	3 Number	of voting members of the gov	erning body (Part VI, line 1a)			3	40
ξ		-	ers of the governing body (Part VI, line 1			4	39
AC			in calendar year 2015 (Part V, line 2a)	•		5	91
		• •	ıf necessary)			6	5,500
		·	n Part VIII, column (C), line 12			7a	1,171,836
			e from Form 990-T, line 34			7b	648,652
			·	1	Prior Year		Current Year
	8 Contri	butions and grants (Part VII	I, line 1h)			0	0
ള	9 Progra	am service revenue (Part VII	I, line 2g)		29,424	,031	32,360,571
Ravenue	10 Invest	tment income (Part VIII, col	umn (A), lines 3, 4, and 7d)		1,067	,464	1,088,729
ď	11 Other	revenue (Part VIII, column	(A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,168	,371	1,251,727
	12 Total (revenue—add lines 8 through	11 (must equal Part VIII, column (A), l	ine	31,659	,866	34,701,027
	 	and similar amounts paid (F	Part IX, column (A), lines 1-3)		508	,100	319,500
			art IX, column (A), line 4)			0	0
S			loyee benefits (Part IX, column (A), lines	5	17,991	,489	17,608,372
Expenses	5-10) 16a Profes		: IX, column (A), line 11e)	_		0	0
хbе		ndraising expenses (Part IX, colum	-	-			
ш			A), lines 11a-11d, 11f-24e)		14,064	,577	16,621,549
	18 Total	expenses Add lines 13-17	(must equal Part IX, column (A), line 25))	32,564	,166	34,549,421
	19 Reven	ue less expenses Subtract I	ine 18 from line 12	-	-904	,300	151,606
s of				Beginni	ng of Current	Year	End of Year
agai				42,342	.302	39,216,477	
N) CO	20 Total	assets (Part X, line 16) .		•	42,342		
et As				` . <u></u>			27,414,641
Net Assets or Fund Balances	21 Total 22 Net as	labilities (Part X, line 26) .sets or fund balances Subtr				,350	27,414,641 11,801,836
Pa	21 Total 22 Net as	labilities (Part X, line 26) . sets or fund balances Subtr ature Block	act line 21 from line 20		29,085 13,256	,350 ,952	11,801,836
Pa Unde my k	21 Total 22 Net as rt II Sign er penalties of nowledge and	liabilities (Part X, line 26) . sets or fund balances Subtr ature Block perjury, I declare that I have belief, it is true, correct, and		anying sche	29,085 13,256 dules and st	,350 ,952 atements	11,801,836 s, and to the best of
Pa Unde my k	21 Total 22 Net as rt II Sign er penalties of	liabilities (Part X, line 26) . sets or fund balances Subtr ature Block perjury, I declare that I have belief, it is true, correct, and	act line 21 from line 20	anying sche	29,085 13,256 dules and st	,350 ,952 atements	11,801,836 s, and to the best of
Pa Unde m y k	21 Total 22 Net as rt II Sign er penalties of nowledge and larer has any kr	liabilities (Part X, line 26) .sets or fund balances Subtrature Block perjury, I declare that I have belief, it is true, correct, and nowledge	act line 21 from line 20	anying sche	29,085 13,256 dules and st) is based or 2016-11-14	,350 ,952 atements	11,801,836 s, and to the best of
Pa Unde my k prepa	21 Total 22 Net as rt II Sign er penalties of nowledge and larer has any kr	sets or fund balances Subtrature Block perjury, I declare that I have belief, it is true, correct, and nowledge ** ature of officer	examined this return, including accompany complete Declaration of preparer (other	anying sche	29,085 13,256 dules and st) is based or	,350 ,952 atements	11,801,836 s, and to the best of
Pa Unde my k prepa	21 Total 22 Net as rt III Sign er penalties of nowledge and larer has any king **** Signale KEVI	liabilities (Part X, line 26) .sets or fund balances Subtrature Block perjury, I declare that I have belief, it is true, correct, and nowledge	examined this return, including accompany complete Declaration of preparer (other	anying sche	29,085 13,256 dules and st) is based or 2016-11-14	,350 ,952 atements	11,801,836 s, and to the best of
Pa Unde my k prepa	21 Total 22 Net as rt III Sign er penalties of nowledge and larer has any king **** Signal KEVI Type	sets or fund balances Subtrature Block perjury, I declare that I have belief, it is true, correct, and nowledge ** ature of officer N M HARDARDT CHIEF FINANCIAL/ or print name and title	examined this return, including accompcomplete Declaration of preparer (other	anying sche than officer	29,085 13,256 dules and st) is based or 2016-11-14 Date	,350 ,952 atementa a all Infor	11,801,836 s, and to the best of mation of which
Pa Unde my k prepa	21 Total 22 Net as rt II Sign er penalties of nowledge and larer has any kin **** Signa KEVI Type	sets or fund balances Subtrature Block perjury, I declare that I have belief, it is true, correct, and nowledge ** ature of officer N M HARDARDT CHIEF FINANCIAL/ or print name and title	examined this return, including accompany complete Declaration of preparer (other	anying sche than officer	29,085 13,256 dules and st) is based or 2016-11-14 Date Check firself-employed	,350 ,952 atement: a all infor	11,801,836 s, and to the best of mation of which
Pa Unde my k prepa Sigr Her	21 Total 22 Net as rt II Sign er penalties of nowledge and larer has any king	sets or fund balances Subtrature Block perjury, I declare that I have belief, it is true, correct, and nowledge ** ature of officer N M HARDARDT CHIEF FINANCIAL/ or print name and title	examined this return, including accompace Declaration of preparer (other ADMIN OFFICER Preparer's signature Deborah G Kosnett	anying sche than officer	29,085 13,256 Idules and st r) is based or 2016-11-14 Date	,350 ,952 atement: a all infor PTIN P00290: 52-185594	11,801,836 s, and to the best of mation of which

Washington, DC 20036

√Yes No

e Total program service expenses ►
Form 990 (2015)

Form	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete <i>Schedule B, Schedule</i> of <i>Contributors</i> (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III "	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😕	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI , $VIII$, $VIII$, IX , or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX "	11d	_	No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Y e s	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than $$15,000$ of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{7}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV	Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	- US	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d			

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Νo

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

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37

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Yes

Yes

Yes

Yes

Form 990 (2015)

Nο Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Form	990 (2015)			Page 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			· <u> </u>
1.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 59		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR)	<u> </u>		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
-		1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
11	Section 501(c)(12) organizations. Enter	1 1		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm	990 (2	2015)			Page 6
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	b belo	w,
		Check if Schedule O contains a response or note to any line in this Part VI			.
Se	ction	A. Governing Body and Management	•	• •	🗸
		<u> </u>		Yes	No
1a	Enter year	the number of voting members of the governing body at the end of the tax 40			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee illar committee, explain in Schedule O			
b		the number of voting members included in line 1a, above, who are endent 1b 39			
2		oy officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?	2		No
3		e organization delegate control over management duties customarily performed by or under the direct vision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4		e organization make any significant changes to its governing documents since the prior Form 990 was	4		No
5	Did th	e organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did th	e organization have members or stockholders?	6	Ye s	
7a		e organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, sons other than the governing body?	7b	Yes	
8		e organization contemporaneously document the meetings held or written actions undertaken during the by the following			
а	The go	overning body?	8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	8b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
				Yes	No
		e organization have local chapters, branches, or affiliates?	10 a		No
	affiliat	s," did the organization have written policies and procedures governing the activities of such chapters, ees, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
	the for		11 a	Yes	
		be in Schedule O the process, if any, used by the organization to review this Form 990			
		e organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	rise to	officers, directors, or trustees, and key employees required to disclose annually interests that could give conflicts?	12b	Yes	
С	ın Sch	e organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe edule 0 how this was done	12 c	Yes	
13		e organization have a written whistleblower policy?	13	Yes	
14		e organization have a written document retention and destruction policy?	14	Yes	
15	ındepe	e process for determining compensation of the following persons include a review and approval by endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		rganization's CEO, Executive Director, or top management official	15a	Yes	
b		officers or key employees of the organization	15b	Yes	
		s" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	taxabl	e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		No
b	partic	s," did the organization follow a written policy or procedure requiring the organization to evaluate its ipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the ization's exempt status with respect to such arrangements?	16 b		
Se	ction	C. Disclosure			

List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply 18

Own website Another's website
Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ joseph I martin controller 400 NORTH CAPITOL STREET NW No 450 WASHINGTON, DC 20001 (202) 824-7255 Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
								-		
		!								

						_			
art VIII	Section A. Officers	. Directors.	Trustees.	Kev Employ	ees, and Hid	ahest Comr	pensated Emr	lovees	(continued)
	Dection in Onlice	, ,		,,p.v,	, eee, aa	9		,	(continued)

,		,				,			, (,
(A) Name and Title	(B) Average hours per week (list any hours	more t	han o	one l both	box, an∙	heck unless officer stee)	;	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	for related organizations below dotted line)	individual trustee or director	Institutional Trustes	Officer	key employee	Highest compensated employee	Former			
See Additional Data Table										
			Ì			 				
						 				
						+				
			İ			1				
			İ	-	-	┼				
	1		<u> </u>	<u> </u>	-					
				<u> </u>	_	ļ				
					<u> </u>	ļ				
1b Sub-Total						. >	٠			
c Total from continuation sheet	•					. 🟲				
d Total (add lines 1b and 1c) .				•		>		5,886,386	0	1,382,945
2 Total number of individuals (in \$100,000 of reportable compa						d abov	e) wl	no received more th	an	

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	_		
	on the fact it rest, complete seneautes for such marriada.			Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	•		
9	services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

1 Complete this table for your five highest compensated independent contractors that recompensation from the organization. Report compensation for the calendar year ending		tax year
(A) Name and business address	(B) Description of services	(C) Compensation
PROOF INTEGRATED COMMUNICATIONS	AGA Magazine Services	710,357
PO Box 101880 Atlanta, GA 30392		
The YGS Group	AGA Magazine Services	255,182
3650 W Market Street York, PA 17404		
Van ness feldman lp	Consulting on Safety and Regulatory	203,218
1050 thomas Jefferson nw seventh f Washington, DC 20007	Issu	
Barage Energy Consulting LLC	Consulting for World Gas Conference	170,187
9611 Clubvalley Way Raleigh, NC 27617		
Capitol Hill Consulting Group	Consulting on Industry Issues	168,000
499 South Capitol St SW Washington, DC 20003		
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 of compensation from the organization ► 13) who received more than	

FOIIII 95								Page 9
Part V	/ + + + +	Statement o	f Revenue					
		Check if Schedi	ule O contains a respoi	nse or note to any lir	e in this Part VIII			[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w 28	1a	Federated cam	paigns 1a					
ant	b	Membership du	es 1b					
G. E.	С	Fundraising eve	ents 1c					
ifts. ar A	d	Related organiz	zations 1d					
⊒ :≧ ⊒	е	Government grant	s (contributions) 1e					
ons Sii	f	All other contribution	ons, gifts, grants, and 1f					
tributions, Gifts, Grants Other Similar Amounts		sımılar amounts no	ot included above					
Contributions, Gifts, Grants and Other Similar Amounts	g	1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f	· · · ·				
<u>1</u>				Business Code				
Program Service Revenue	2a	Membership Dues		900004	25,012,348	25,012,348		
	Ь	Meetings/Exhibit Ii	ncome	900004	4,967,172	4,967,172		
	C .	Sponsorship Incom	ie	900004	826,176	826,176		
35	d	Service Income		900004	767,901		767,901	
an	e	Advertising Income		541800	403,935		403,935	
rogr	f	All other progra	am service revenue		383,039	383,039		
<u> </u>	g	Total. Add lines		>	32,360,571			
	3		ome (including dividen ar amounts)		540,983			540,983
	4	Income from inves	stment of tax-exempt bond	proceeds ►				
	5	Royalties		▶	1,134,576			1,134,576
	6a	Gross rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
		or (loss)						
	d	Net rental inco	me or (loss) (i) Securities	· · · · ▶ (II) Other				
	7a	Gross amount from sales of assets other than inventory	2,930,706	(ii) o choi				
	b c	Less cost or other basis and sales expenses Gain or (loss)	2,382,960					
	d	Net gain or (los	is)		547,746			54 7,746
Other Revenue	8a	Gross income f events (not inc \$	luding reported on line 1c)					
ther	b	Less direct ex	a penses b					
0	С	Net income or ((loss) from fundraising	events ▶				
	9a		rom gaming activities ne 19 a					
	b		penses b					
	С	Net income or ((loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b c	Net income or (oods sold b (loss) from sales of inv	entory ▶				
		Miscellaneou		Business Code	445.46.	447.45		
	11a	Miscellaneous	Income	900004	117,151	117,151		
	b							
	C	All other raws						
	d e	All other reven Total. Add lines		▶				
					117,151			
	12	iotai revenue.	See Instructions .	🖊	34,701,027	31,305,886	1,171,836	2,223,305

Part IX | Statement of Functional Expenses

Section 501/c1/21 and 501/c	1/4) organizations must complete all columns	· All other o	raanizations must com	plata calumn (A	١,
section softch(s) and softc	.)(+) organizations must complete an columns	Alloulero	rganizations must com	piete Column (A	٠,

Check if Schedule O contains a response or note to any line in this Part IX

	√				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	319,500			
2	Grants and other assistance to domestic individuals See Part IV, line 22	,			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,460,151			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	8,566,471			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,301,788			
9	Other employee benefits	1,570,507			
10	Payroll taxes				-
		709,455			
11	Fees for services (non-employees)				
а	Management				
b	Legal	15,393			
C	Accounting	220,698			
d	Lobbying	379,000			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	29,298			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,138,464			
12	Advertising and promotion	388,542			
13	Office expenses	932,560			
14	Information technology	223,709			
15	Royalties		<u>-</u>		
16	Occupancy	1,624,824			
17	Travel	1,042,321			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,660,733			
20	Interest				
21	Payments to affiliates	_			
22	Depreciation, depletion, and amortization	701,285			
23	Insurance	263,329			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Memberships and Contrib	924,810			
b	Unrelated Business Inco	286,053			
c	1120 POL Income Tax	32,065			
d	Bad Debt	-1,200			
е	All other expenses	-240,335			
25	Total functional expenses. Add lines 1 through 24e	34,549,421			
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

orm 9	90 (2	2015)				Page 11
Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any lii	ne in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1	
	2	Savings and temporary cash investments		4,747,544	2	4,663,161
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		600,792	4	485,646
	5	Loans and other receivables from current and former offickey employees, and highest compensated employees. C	omplete Part II of		5	
Assets	6	Loans and other receivables from other disqualified pers section 4958 (f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see instance).	(c)(3)(B), and section 501(c)(9)		6	
SSI	7	Notes and loans receivable, net			7	
٩	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,294,175	9	1,190,456
	10a	Land, buildings, and equipment cost or other basis	 	1,204,110		1,100,400
	100	Complete Part VI of Schedule D	10a 7,199,742			
	b	Less accumulated depreciation	10b 5,257,564	2,492,759	10 c	1,942,178
	11	Investments—publicly traded securities		33,207,032	11	30,935,036
	12	Investments—other securities See Part IV, line 11 .			12	
	13	Investments—program-related See Part IV, line 11 .			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets.Add lines 1 through 15 (must equal line 34		42,342,302	16	39,216,477
	17	Accounts payable and accrued expenses		4,220,824	17	3,989,801
	18	Grants payable			18	
	19	Deferred revenue		7,344,553	19	5,799,582
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di				
<u>.</u>		persons Complete Part II of Schedule L			22	
Ë	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	rties		24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o related third parties,			
				17,519,973	25	17,625,258
	26	Total liabilities.Add lines 17 through 25		29,085,350	26	27,414,641
		Organizations that follow SFAS 117 (ASC 958), check he	re 🕨 🔽 and complete			
Ses		lines 27 through 29, and lines 33 and 34.				
alan	27	Unrestricted net assets		13,256,952	27	11,801,836
 	28	Temporarily restricted net assets			28	
Ē	29	Permanently restricted net assets			29	
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	neck here ▶ and			
ets	30	Capital stock or trust principal, or current funds			30	
455	31	Paid-in or capital surplus, or land, building or equipment			31	
Net A	32	Retained earnings, endowment, accumulated income, or			32	
ž	33	Total net assets or fund balances		13,256,952	33	11,801,836
	34	Total liabilities and net assets/fund balances		42.342.302	34	39.216.477

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Additional Data

(Code

Software ID: Software Version:

EIN: 13-0431590

including grants of \$

Name: AMERICAN GAS ASSOCIATION

) (Revenue \$

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

) (Expenses \$

Corporate Affairs Programs - Coordinates recruitment and retention of current or potential AGA member companies, conducts outreach to the financial community to enhance their understanding of key issues affecting gas utilities and provides support services for aGA's committee meetings and conferences. General Counsel Programs - The Office of General Counsel assists member company attorneys in more effectively performing their duties, thereby helping those companies operate more efficiently. For example, AGA offers litigation alerts, legal forums and workshops, antitrust compliance programs, assistance to members in potentially precedent setting litigation, as well as analysis and legal summaries. In addition, AGA annually updates and publishes the AGA FERC Manual which is a regulatory compliance guide directed at natural gas utility members. Industry Finance & Administration - The Financial and Administration group develops and implements programs in the following areas: accounting, customer service, human resources, risk management and information technology. These programs help member companies operate more efficiently. For example, in the customer service area, AGA's Data Source is the utility industry's premier tool for benchmarking customer service programs. Subjects covered include: call centers, energy assistance programs, billing and meter reading. A powerful online search engine enables members to retrieve data efficiently, thereby increasing employee productivity. AGA sponsors accounting workshops and training programs on cutting edge issues facing our member companies.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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Compensated Employees, and Inde						3600	3, 1			
(A) Name and Title	(B) Average hours per week (list any hours for related organizations	unles	ore t ss pe offi direct	han erso icer tor/t	o not one on is and trust	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	ee voldtue Highest compensated	Former			and related organizations
Terry D McCallister CHAIRMAN OF THE BOARD	6 00	x		х				0	0	0
Ralph A LaRossa First Vice Chair	4 00	x		х				0	0	0
Pierce H Norton II Second Vice Chair	2 00	x		х				0	0	С
GREGG S KANTOR IMMEDIATE PAST CHAIR	6 00	x		х				0	0	C
Kım R Cocklin DIRECTOR	1 00	x						0	0	C
KIMBERLY J HARRIS DIRECTOR	1 00	х						0	0	(
Glenn R Jennings DIRECTOR	1 00	×						0	0	С

1 00

1 00

1 00

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Craig L Adams

Steven E Kurmas

Robert F Beard

DIRECTOR

DIRECTOR

DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer tor/t	not one n is and trus	tee)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099 - MISC)	(F) Estimated amount of other compensation from the organization and related organizations
James P Laurito DIRECTOR	1 00	x					0	0	0
Diane Leopold DIRECTOR	1 00	×					0	0	0
John McAvoy DIRECTOR	1 00	×					0	0	0
Michael P McMasters DIRECTOR	1 00	×					0	0	0
Carl L Chapman DIRECTOR	1 00	x					0	0	0
Scott L Morns DIRECTOR	1 00	x					0	0	0
Morgan K O'Bnen DIRECTOR	1 00	×					0	0	0
Scott M Prochazka DIRECTOR	1 00	×					0	0	0
Ian Robertson DIRECTOR	1 00	x					0	0	0

1 00

0

John G Russell

DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	A verage hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer and a director/trustee) Officer individual frustational frustatio					an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099 - MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
Suzanne Sitherwood DIRECTOR	1 00	×						0	0	(
Thomas E Skains DIRECTOR	1 00	x						0	0	(
Dennis V Arriola DIRECTOR	1 00	×						0	0	C
Kent T Larson DIRECTOR	1 00	×						0	0	C
Jeffrey E Dubois DIRECTOR	1 00	x						0	0	(
Gordon L Gillette DIRECTOR	1 00	х						0	0	(
John P Hester DIRECTOR	1 00	x						0	0	C
Patncia L Kampling DIRECTOR	1 00	×						0	0	(
Richard J Mark DIRECTOR	1 00	х						0	0	(

1 00

0

Kevin Marsh

DIRECTOR

Form 990, Part VII - Compensation Compensated Employees, and Inde					Γru	stee	s, I	Key Employe	es, Highest	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	m unles	ore t	han erso cer tor/t	not one n is and trus		an Forme	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Michael Noone DIRECTOR	1 00	x						0	0	C
william j ackley DIRECTOR	1 00	×						0	0	c
laurence m downes DIRECTOR	1 00	×						0	0	C
joaseph hamrock DIRECTOR	1 00	x						0	0	C

1 00

1 00

1 00

1 00

1 00

35 00

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ronald w jibson DIRECTOR

nicole A Kivisto

Nick Stavropoulos

Ronald J Tanski

.....

DIRECTOR

DIRECTOR

DIRECTOR

Ross Turrini

DIRECTOR

David McCurdy

President & CEO

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411,229

1,915,238

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	m unle	unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Lon Traweek Chief Operating Officer	35 00			х				768,934	0	161,248
Kevin Belford General Counsel	35 00			×				605,750	0	111,409
Kevin Hardardt Chief Financial & Administrative Officer	35 00			×				452,977	0	136,560
Gary Gardner Vice President, Corporate Secretary	35 00			×				307,587	0	77,379
Christina Sames Vice President, O&E	35 00				×			350,720	0	116,307
Chris McGill Vice President, Energy Analysis & Standards	35 00					х		292,014	0	209,336
Jason Rogers Vice President, State Affairs	35 00					х		330,561	0	55,062
George Lowe Vice President, Govt Relations	35 00					х		330,760	0	15,900
Kathryn Clay	35 00									

35 00

Χ

292,574

239,271

15,900

72,615

0

0

Michael Murray

Vice President, Policy

Deputy General Counsel

Employer identification number

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

AMERICAN GAS ASSOCIATION

Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

_	Political expenditures			₽ \$	97,500
3	Volunteer hours				
Par	t I-B Complete if th	e organization is exempt	under section 501(c)(3).	
1	Enter the amount of any e	excise tax incurred by the organi	zation under section 4955	▶ \$	<u> </u>
2	Enter the amount of any e	excise tax incurred by organizati	on managers under section 495	55 ▶ \$	
3	If the organization incurre	ed a section 4955 tax, did it file	Form 4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
_	If "Yes," describe in Part				
Par	t I-C Complete if th	e organization is exempt	under section 501(c), e	except section 501	
1	Enter the amount directly	expended by the filing organization	tion for section 527 exempt fun	ction activities 🕨 🐧	0
2	Enter the amount of the fi exempt function activities	ling organization's funds contrib s	uted to other organizations for s		97,500
3	Total exempt function ex	penditures Add lines 1 and 2 E	nter here and on Form 1120-PC	OL, line 17b ► s	97,500
4	Did the filing organization	file Form 1120-POL for this year	7	,	✓ Yes No
5	organization made payme amount of political contrib	ses and employer identification r ints For each organization listed butions received that were prom I or a political action committee	l, enter the amount paid from th ptly and directly delivered to a	e filing organization's fu separate political organ	nds Also enter the Ization, such as a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1		See Additional Data Table			
2					
3					
4					
5					
6					
or F	Paperwork Reduction Act Not	ice, see the instructions for Form 9	990 or 990-EZ. Cat N	50084S Schedule C (Fo	orm 990 or 990-EZ) 2015

Р	art II-	Α	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).
A	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN expenses, and share of excess lobbying expenditures)

Ρ	art II-A Complete if the organization is under section 501(h)).	exempt under	section 501(c)(3) and file	d Form 5768	(election
A	Check Fifthe filing organization belongs to an expenses, and share of excess lobbying		list in Part IV ea	ach affiliated gro	up member's nam	e, address, EIN
В	Check ▶ ☐ If the filing organization checked box	A and "limited contro	ol" provisions ap	ply		
	Limits on Lobbyir (The term "expenditures" meai		curred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opi	nıon (grass roots				
b	lobbying) Total lobbying expenditures to influence a legislati	ve body (direct lobby	ring)			
c	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c a	and 1d)				
f	Lobbying nontaxable amount Enter the amount fro	m the following table	ın both columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxal	le amount is:			
	Not over \$500,000	20% of the amount on lir	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g h	Subtract line 1g from line 1a. If zero or less, enter	,		-		
i	Subtract line 1f from line 1c If zero or less, enter-	-0-				
j	If there is an amount other than zero on either line reporting section 4911 tax for this year?	1h or line 1i, did the	•	Form 4720 Yes No		
	4-Year Ave (Some organizations that made a se columns below. See the		ection do not	have to com		e five
_	Lobbying Expen	ditures During	L-Vear Avera	aina Pariod	-	
_	Lobbying Expen	untares During 4	t- leal Averd	ging Period		
	Calendar year (or fiscal year	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) Total

2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

	edule C (Form 990 or 990-EZ) 2015				Р	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	ЮТ				
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
activ			No		A mour	nt
		Yes		·		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			_		
C	Media advertisements?			ļ		
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	01 (c)(5),	or s		n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		_	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_	2		Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	Yes	
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" (Par	t III	-A,
1	Dues, assessments and similar amounts from members	1			25,01	2,348
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				1 22	0.210
a	Current year	2a	<u> </u>			9,318
b	Carryover from last year	2b				9,694
c	Total	2c				9,624
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			1,12	5,556
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			- 5	5,932
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Supplemental Information Part IV

Political Campaign Activities

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

_ \									
Return Reference	Explanation								
	AGA'S POLITICAL CAMPAIGN ACTIVITIES CONSIST OF CONTRIBUTIONS MADE TO CANDIDATES FOR STATE AND LOCAL OFFICE WHERE LEGALLY PERMISABLE, CONTRIBUTIONS MADE TO OTHER POLITICAL ORGANIZATIONS, AND ADMINISTRATIVE EXPENSES FOR ITS SEPARATE SEGREGATED FUND								
Part I-A Line 1- Direct and Indirect	AGA's political campaign activities consist of contributions made to candidates for state and local								

expenses for its separate segregated fund

office where legally permissible, contributions to other political organizations, and administrative

Additional Data

Software ID: Software Version:

EIN: 13-0431590

Name: AMERICAN GAS ASSOCIATION

Form 990, Schedule C, Part 1-C, Line 5

(a)N ame	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
Community Leaders of America	1005 Congress Ave Austin,TX 78701	463149989	5000	
Democratic Governors' Association	1401 K Street NW Washington, DC 20005	521304889	20500	
Friends of Bryce Reeves	po box 7022 fredericksburg,VA 22404	320365003	500	
GOPAC	2300 Claredon Blvd Arlıngton, VA 22201	521237780	20000	
Republican Attorneys General Association	1747 Pennsylvania Ave NW Washington, DC 20006	464501717	16500	
Republican Governors Association	1747 Pennsylvania Ave NW Washington, DC 20006	521174414	20000	
Republican State Leadership Commttee	1201 F Street NW Washington, DC 20004	050532524	15000	
American Gas Political Action Committee	400 N Capitol St NW Washington, DC 20001	130431590		43470

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319050356

OMB No 1545-0047

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Supplemental Financial Statements

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection

Na	me of the organization ERICAN GAS ASSOCIATION		Em	ployer identification number
Pa	organizations Maintaining Donor		nilar Funds	or Accounts.
	Complete if the organization answere)Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(,	runus and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t			/ised Yes No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			e
Pa	rt II Conservation Easements. Comple	ete if the organization answered	"Yes" on For	rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organization (check all that apply)		
	Preservation of land for public use (e.g., recr			
	education) Protection of natural habitat	·		orically important land area ied historic structure
	<u></u>	Preserva	tion or a certif	led historic structure
_	Preservation of open space	hald		
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	neid a quaiified conservation contribu	ution in the for	Held at the End of the Year
а	Total number of conservation easements		2a	Held at the thid of the Year
b	Total acreage restricted by conservation easeme	ents	2b	
c	Number of conservation easements on a certified		2c	
d	Number of conservation easements included in (o historic structure listed in the National Register	, ,	a 2d	
3	Number of conservation easements modified, train	nsferred, released, extinguished, or to	erminated by t	the organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		ion, handling o	of Yes No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and	d enforcing co	nservation easements during the
	-			
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enf	orcing conser	vation easements during the year
	▶ \$			
В	Does each conservation easement reported on III (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirement	ts of section 1	70(h)(4) Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's $$		
ar	t III Organizations Maintaining Collect Complete if the organization answers			ther Similar Assets.
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition, edu	ucation, or res	earch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, edu		
((i) Revenue included on Form 990, Part VIII, line 1	L	▶\$_	
(i	ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, if following amounts required to be reported under S	•	assets for fina	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of	Art, Hi	storica	al Tre	asures, or	Other S	Similar A	ssets
3		g the organization's acquisition, acc ction items (check all that apply)	ession, and other re	cords, c	heck an	y of the	following that	are a sıç	ınıfıcant us	e of its
а		Public exhibition		d		Loan or	exchange pro	grams		
b	Г	Scholarly research		е	Γ	Other				
С		Preservation for future generations								
4	Provi Part)	de a description of the organization' KIII	's collections and ex	oplain ho	w the y f	urther t	he organizatio	n's exem	ipt purpose	ın
5		g the year, did the organization soli s to be sold to raise funds rather th							r Ve :	s No
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, P	art IV,	. line 9, or re	ported	an amour	it on Form 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	stodian or other inte	rmedian	y for cor	ntributio	ons or other as	sets not	☐ Ye	s No
b	If'	'Yes," explain the arrangement in P	art XIII and comple	te the fo	llowing	table			Am	ount
c	Be	ginning balance					10	:		
d	Αd	ditions during the year					10	i		
е	Dis	tributions during the year					16	:		
f	En	ding balance					1f			
2 a	Did th	ne organization include an amount o	n Form 990, Part X,	line 21,	for esc	row or c	ustodial acco	ınt lıabılı	ity? Ye :	5
b	If"Ye	es," explain the arrangement in Part Endowment Funds. Comple								
		Endowment Funds: Comple	(a)Current year		nor year		:)Two years back		years back	(e)Four years back
1 a	Begir	nning of year balance		<u> </u>	,	<u> </u>	· ·	<u> </u>	,	
b	C ont	ributions								
C	Net i losse	nvestment earnings, gains, and								
d	Gran	ts or scholarships								
е		r expenditures for facilities programs								
f	A dmi	inistrative expenses								-
g	End o	of year balance								
2	Provi	de the estimated percentage of the	current year end ba	lance (lı	ne 1g,c	olumn ((a)) held as			
а	Board	d designated or quasi-endowment 🕨								
b	Perm	anent endowment ▶								
c		orarily restricted endowment > percentages on lines 2a, 2b, and 2c	should equal 100%							
3a		here endowment funds not in the pos lization by	ssession of the orga	nızatıon	that are	held a	nd administere	d for the	!	Yes No
	(i) un	irelated organizations								(i)
	٠,	elated organizations								(ii)
ь 4		es" on 3a(II), are the related organiz ribe in Part XIII the intended uses (-							Bb
_	rt VI	Land, Buildings, and Equip		Chaothi	Terre rans	45				
		Complete if the organization a		Form 9						
		Description of property		c	(a) ost or oth: (investn)	er basıs	(b) Cost or other ba (other)		Accumulated depreciation	(d)Book value
1a	Land			🗀						
b	Buildin	gs		· ·						
		nold improvements		· <u> </u>			3,393,9		2,187,93	
		nent		· _			2,026,2	_	1,499,09	
	Other	Innes 1a through 1e (Column (d) mus	t equal Form 000 Pa	rt X coli	ımn /¤۱	line 10	(c))		1,570,54	209,038 1,942,178
	Auu	es ta anough te (column (u) mus	, c cquai i Oim 330, Fa	. c A, COIL	(<i>D)</i> ,	10(<u> </u>	• •		D (Form 990) 2015

Part VII Investments—Other Securities. Comple	ete if the organiz	ation answered 'Ye	es' on Form 990, Part IV, lin	Page e 11b
See Form 990, Part X, line 12. (a) Description of security or category		(b)Book value	(c)Method of valuatio	
(including name of security) (1)Financial derivatives			Cost or end-of-year marke	t valu
(2)Closely-held equity interests (3)Other				
(3)0 thei				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•			
Complete if the organization answered 'Yes	s' on Form 990, I		ee Form 990, Part X, line 13	١.
(a) Description of investment		(b) Book value	(c) Method of valuatio Cost or end-of-year marke	n
			-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX Other Assets. Complete if the organization and (a) Descriptio		m 990, Part IV, line	(b) Book value	15
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization	ation answered "	Yes' on Form 990	▶ Part IV line 11e or 11f	
See Form 990, Part X, line 25.		1	Ture IV, into III or III.	
1. (a) Description of liability	(b) Book value			
Federal Income taxes				
Deferred Compensation	2,646,16	8		
Accrued Pension	11,573,84	7		
Post Retirement Health Benefits	3,405,24	3		
		-		
		-		
		_		
		7		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	17,625,25	8		

Return Reference

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	oer R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)............. 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part	XIII Supplemental Information		
Part \	de the descriptions required for Part II, lines 3,5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2l V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to nation		de any additional

Explanation

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Informati	on (continued)	
Return Reference	Explanation	

efile GRAPHIC print - D	OO NOT PROCESS	As Filed Dat	ta -	DLN: 9	93493319050356
SCHEDULE F (Form 990) Department of the Treasury Internal Revenue Service	ed States 990, ww.irs.gov/form990.	2015 Open to Public Inspection			
Name of the organization				Employer ident	ification number
AMERICAN GAS ASSOCIATI	ION			13-0431590	
	mation on Activiti				
Complete if the	organization answe	red "Yes" to Fo	orm 990, Part IV, line	14b.	
1 For grantmakers. Do	es the organization n	naıntaın record:	s to substantiate the a	mount of its grants	
and other assistance,	the grantees' eligibi	lity for the gran	its or assistance, and	the selection criteria	
used to award the gra	nts or assistance?				Yes No
assistance outside the	e United States		rocedures for monitori uplicated if additional spa		s and other
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data			<u> </u>		
(2)					
(3)					
(4)					
(5)					
3a Sub-total	(0			192,828
		1			
b Total from continuation to Part I	sheets (0			0

Schedule	F (Forr	n 990)	2015
	_		

Pa					es Outside the Uni				
	Complete	of the organiz	ation answered "Yes	s" to Form 990, Par	t IV, line 15, for any	recipient who rece	eived more than \$5,	000. Part II can be	duplicated if
	additional	space is need	ded.			·			·
1	(a) Name of	(b) IDS code	(-) D	(4) 0	(a) A mount of	(f) Manner of	(a) A mount	(b) Description	(i) Method of

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

Schedule F (Form 990) 2015												
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.												
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)					
(1)							,,,					
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)		†		 	1							

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				

(see Instructions for Form 8865)

Per Ves No

Old the organization have any operations in or related to any boycotting countries during the tax year? If
"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)

Yes Vo

method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III

Page 5

(accounting method); and Part III,	column (c) (es	stimated number (of recipients),	as applicable.	Also complete
this part to provide any additional	ınformatıon (se	ee instructions).			

Schedule F (Form 990) 2015

990 Schedule F. Supplemental Information

20 constant , cappionism and management							
Return Reference	Explanation						
Part I line 3	EXPENDITIONES INCLUDED IN DART LARE DETERMINED LISING THE ACCRUAL METHOD						

Additional Data

Software ID: Software Version:

EIN: 13-0431590

Name: AMERICAN GAS ASSOCIATION

Form 990 Schedule F Part I	Activities Outside	The United States
----------------------------	--------------------	-------------------

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	program services	LNG meeting	5,562

			located in the region)		
East Asia and the Pacific	0	0	program services	LNG meeting	5,562
Europe	0	0	l. 2	Participated in World Gas Conference	154,516
Europe	0	0	program services	COP21 Meeting	1,736

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the emplovees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe region agents in specific type of service region program services, grants to recipients (s) in region located in the region) Europe Iprogram services International Gas Union 7.287 meetings International Gas Union Middle East and North 9.393 program services A frica meetings

program services

Infrastructure meeting

2.766

Form 990 Schedule F Part I - Activities Outside The United States

North America

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, agents in service, describe region specific type of service region program services, grants to recipients (s) in region located in the region) South America International Gas Union 11,568 program services

meetings

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(Form 990)

Department of the

Internal Revenue Service

Name of the organization

AMERICAN GAS ASSOCIATION

Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493319050356OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

AMERICAN GAS ASSOCIATION	13-0431590	13-0431590					
Part I General Informati	on on Grants an	d Assistance					
Does the organization maintain the selection criteria used to a Describe in Part IV the organi Part II Grants and Other Assist that received more than	award the grants or a zation's procedures f tance to Domestic O	ssistance? or monitoring the use rganizations and Dome	of grant funds in the Un			tance, and orm 990, Part IV, line 2:	✓ Yes N
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
	-						
					_		
2 Enter total number of section 5	501(c)(3) and goverr	nment organizations lis	sted in the line 1 table .				12
3 Enter total number of other org	janızatıons listed in t	he line 1 table					7
For Paperwork Reduction Act Notice, se	ee the Instructions for	Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2015

Additional Data

1401 k street nw washington, DC 22404 Software ID: Software Version:

EIN: 13-0431590

Name: AMERICAN GAS ASSOCIATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Bipartisan Policy Center 1225 Eye Street NW Washington, DC 20005	73-1628382	501c3	50,000				General support		
The Third Way Foundation Inc 1101 14th Street NW Washington, DC 20005	52-1629221	501c3	25,000				General support		
democratic governors association	52-1304889	527	20,500				general support		

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Campaign for Home Energy 53-0196960 115 20,000 General support Assistance 1615 L Stret NW Washington, DC 20036 52-1237780 527 20,000 general support

general support

20,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

527

machington/be 20000
gopac 2300 clarendon blvd
arlington, VA 22201
republican governors

1747 pennsylvania ave nw washington, DC 20006

association

52-1174414

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Center for Energy Workforce 20-4504014 501c3 18,000 General support Development 701 Pennsylvania Ave NW ral gala sponsor

Washington, DC 20004					
National Capital Area Counci Boy Scouts of America 9190 Rockville Pike Bethesda, DC 20814	53-0204610	501c3	17,000		Inaugura

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1747 pennsylvania ave nw washington, DC 20006

46-4501717 527 16,500 republican attorneys general general support association

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance republican state leadership 05-0532524 527 15,000 deneral support committee 1201 fst nw washington, DC 20004 501c6 15,000 American Council for Capital 52-0991278 General support

13,000

Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

A merican Council for Capita formation 1001 Connecticut Avenue NW

Washington, DC 20036
The Waterfall Foundation

PO Box 70049 fairbanks.AK 99707 54-1980898

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Western Caucus Foundation 46-3948410 501c3 12,000 General support 400 N Capitol St NW Washington, DC 20001 National Energy and Utility 52-1559709 501c3 10,000 General support Affordability Coalition 303 F 17th avenue

General support

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GOVT

84-0747227

Denver, CO 80203

Western Governors'

Association 1800 Broadway Denver.CO 80202

(e) A mount of non- (f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) American Gas Foundation 54-1501306 501c3 10.000 General support 400 N Capitol St NW I support

Washington, DC 20001					
American Council of Young Political leaders 2131 K Street NW Washington, DC 20037	52-0845718	501c3	10,000		General support
Americans for Peace	47-1991541	501 c 4	10,000		General support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Propserity and Security 707 8th Street SE Washington, DC 20003

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 52-1469926 501c3 7,500 General support

The Economic Club of Washington DC 1156 15th Street NW

Washington, DC 20005

DLN: 93493319050356

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

2015 Open to Public

Department of the Name of the organization

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

AME	AMERICAN GAS ASSOCIATION 13-04				3-0431590				
Pa	t I Questions Regarding Compensation								
					Yes	No			
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to								
	First-class or charter travel	Г	Housing allowance or residence for personal use						
	▼ Travel for companions		Payments for business use of personal residence						
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees	ļ		!			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			 			
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr			1b	Yes				
2	Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executi			2	Yes				
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensation	apply	Do not check any boxes for methods						
	▼ Compensation committee	~	Written employment contract	ļ					
	✓ Independent compensation consultant	✓	Compensation survey or study	ļ		!			
	Form 990 of other organizations	✓	Approval by the board or compensation committee		l I	 			
4	During the year, did any person listed on Form 990, Pai or a related organization	rt VII	, Section A , line 1a with respect to the filing organizati	on					
а	a Receive a severance payment or change-of-control payment?					Νo			
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?				Yes				
c	Participate in, or receive payment from, an equity-base		•	4c		Νo			
	If "Yes" to any of lines 4a-c, list the persons and provide	de the	e applicable amounts for each item in Part III						
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ns mu	st complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue any						
а	The organization?			5a					
b	Any related organization?			5b					
	If "Yes," on line 5a or 5b, describe in Part III								
6	For persons listed on Form 990, Part VII, Section A, lincompensation contingent on the net earnings of	ne 1a	, did the organization pa y or accrue any						
а	The organization?			6a					
b	Any related organization?			6b					
	If "Yes," on line 6a or 6b, describe in Part III								
7	For persons listed on Form 990, Part VII, Section A, line payments not described in lines 5 and 67 If "Yes," described in lines 6 and 67 If "Yes," described in lines 6 and 67 If "Yes," described in lines 6 and 67 If "Yes," described in lines 6 and 67 If "Yes," described in lines 6 and 67 If "Yes," described in lines 6 and 67 If "Yes," described in lines 6 and 67 If "Yes," described in lines 6 and 67 If "Yes," described in lines 6 and 67 If "Yes," described in lines 6 and 67 If "Yes," described in lines 6 and 67 If "Yes," described in lines 6 and 67 If "Yes," described in lines 6 and 67 If "Yes," described in lines 6 and 67 If "Yes," described in lines 6 and 67 If "Yes," described in lines 6 and 67 If "Yes,			7					
8	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III								
9	If "Yes" on line 8, did the organization also follow the resection 53 4958-6(c)?	ebutta	able presumption procedure described in Regulations	9					
	nonwork Doduction Act Notice, see the Instructions for		m 000 Cat No E00E2T Cabada	ulo 1 (For		. 224			

Page 2

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

See Additional Data Table

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	· ,	(E) Total of columns	(F) Compensation in
	Base (ı) compensation	(ii) Bonus & incentive compensation	(ıiı) Other reportable compensation	other deferred compensation	benefits	(B)(1)-(D)	column(B) reported as deferred on prior Form 990

Schedule J (Form 990) 2015

duties and in accordance with AGA's travel policy. The president & CEO is eligible for business class travel expenses on flights scheduled for more than 2-1/2 hours. If business class travel is not offered for a specific flight, first class travel expenses may be reimbursed. Travel for companions - The association recognizes that there will be occasions when it is appropriate for a spouse of an employee to travel on behalf of the association. In these

cases approval for the travel must be received in advance AGA considers expenses of a traveling spouse to be taxable income to the employee Expenses are added to the employee's W-2 wages in accordance with the law and appropriate taxes are withheld

Page 3

Software ID: **Software Version:**

EIN: 13-0431590

Name: AMERICAN GAS ASSOCIATION

Form 990, Schedule J,	Part	II - Officers, Direc	tors, Trustees, K	ey Employees, an	d Highest Compen		5	
(A) Name and Title			W-2 and/or 1099-MI	· ·	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) ⊤otal of columns (B)(ı)-(D)	(F) Compensation in column (B)
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) O ther reportable compensation	compensation	bellents	(6)(1)-(0)	reported as deferred on prior Form 990
1David McCurdy President & CEO	(1)	1,156,160	733,200	25,878	365,900	51,263	2,332,401	0
	(11)	0	0	0	0	-	- 0	0
1Lon Traweek Chief Operating Officer	(1)	393,889	145,000	230,045	138,342	30,720	937,996	0
one spectally street	(11)	0	0	0	0			0
2Kevin Belford General Counsel	(1)	310,444	98,000	197,306	92,669	26,461	724,880	0
Gerieral Couriser	(11)	0	0	0	0			0
3Kevin Hardardt Chief Financial &	(1)	271,840	81,900	99,237	112,346	32,484	597,807	0
Administrative Off	(11)	0	0	0	0			0
4Gary Gardner Vice President, Corporate	(1)	243,087	60,075	4,425	62,946	21,186	391,719	0
Secretary	(11)	0	0	0	0			0
5Chnstina Sames	(1)	260,054	85,000	5,666	89,883	34,745	475,348	0
Vice President, O&E	(11)	0	0	0	0			0
6Chris McGill Vice President, Energy	(1)	228,413	60,000	3,601	191,666	25,625	509,305	0
Analysis & St	(11)	0	0	0	0	-		0
7 Jason Rogers Vice President, State Affairs	(1)	260,201	65,000	5,360	46,063	15,052	391,676	0
vice President, State Arrans	(11)	0	0	0	0			0
8 George Lowe Vice President, Govt Relations	(1)	262,500	62,500	5,760	15,900	4,454	351,114	0
vice President, Govt Relations	(11)	0	0	0	0			0
9Kathryn Clay	(1)	230,000	60,000	2,574	15,900	4,355	312,829	0
Vice President, Policy	(11)	0	0	0	0	-		0
10Michael Murray	(1)	213,802	25 ,0 00	469	48,384	32,290	319,945	0
Deputy General Counsel					40,384	32,290	319,945	
	(11)	0	0	0	0	0	0	0

SCHEDULE O

SCHEDULE O

SUpplemental Information

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

AMERICAN GAS ASSOCIATION

Internal Revenue

(Form 990 or

Department of the

990-EZ)

Treasury

Employer identification number

13-0431590

Return Explanation Reference PART III, LINE 1 -Approved by the AGA Board on October 13, 2015 The American Gas Association (AGA) represents companies delivering ORGANIZATION natural gas safely, reliably, and in an environmentally responsible way to help improve the quality of life for their customers MISSION every day AGA's mission is to provide clear value to its membership and serve as the indispensable, leading voice and facilitator on its behalf in promoting the safe, reliable, and efficient delivery of natural gas to homes and businesses across the nation Core Strengths 1 Conducts programs and develops standards to help enhance the safe delivery of natural gas to consumers, 2. Advocates for natural gas industry issues, regulatory constructs and business models that are priorities for the industry, 3 Promotes growth in the efficient use of natural gas by emphasizing before a variety of stakeholders the benefits of clean, abundant natural gas as part of the solution to the nation's energy and environmental goals, 4 Facilitates the exchange of information and improvement of performance metrics to help members achieve operational excellence, 5 Helps members manage and respond to the energy needs of customers, regulatory trends, natural gas or capital market issues and emerging technologies, 6. Collects, analyzes and disseminates information to opinion leaders, policy makers and consumers about the benefits provided by energy utilities and the natural gas industry, 7 Encourages the development, commercialization, and regulatory acceptance of natural gas end-use technologies, and 8 Delivers measurable value to AGA members

Return Reference	Explanation
Form 990, Part III, line 2	AGA launched its National Peer Review Program in 2015, the first-ever national peer-to-peer safety and operational practices review program for gas utility and pipeline operators. This voluntary effort helped advance the safety, reliability and quality of natural gas delivery for utility employees and customers alike. More than 50 AGA member companies have submitted participation agreements. A total of 16 reviews took place in 2015. The American Society of Association Executives (ASAE) recognized AGA with a 2015 Gold Award recognizing the Peer Review. Program as "groundbreaking." The ASAE award is granted to associations for leveraging their unique resources to solve problems, advance industry performance, kick start innovation and improve world conditions.

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	THE ASSOCIATION'S BY LAWS, UNDER ARTICLE VII, SECTION 2, PROVIDES THAT THE BOARD OF DIRECTORS MAY APPOINT AN EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE IS ELECTED BY THE ENTIRE BOARD AND MAY EXERCISE CERTAIN POWERS OF THE BOARD DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD THE EXECUTIVE COMMITTEE IS GENERALLY COMPRISED OF THE BOARD OFFICERS AND NOT LESS THAT 7 OTHER MEMBERS OF THE BOARD AGA BOARD MEMBERS ARE EXECUTIVES OF AGA FULL MEMBERS

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The Association has five classes of members under Article III of its Bylaw's Full members include United States gas distribution public and municipal utilities and have voting rights. Limited, Associates, International members and International Affiliates can participate on certain committees, take advantage of educational opportunities and participate in other applicable activities.

Return Reference	Explanation
Form 990, Part VI,	The Association is a membership organization and full members nominate and elect members of the Board of
Section A, line 7a	Directors (the Association's principal governing body) at the Association's Annual Meeting

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	The members of the Association make certain decisions, such as, the election of the principal governing body (Board of Directors) as outlined in the organization's bylaw's at the annual or special meetings of the Association. Special meetings may be called by the membership to address any issues or questions. The association's governing bodies are active in a number of ways. The association members elect a Board of Directors (BOD) from the membership. Committees related to financial oversight, compensation and governance are established by the BOD. These include the Executive Committee, Board Finance. Committee, Board Audit Committee (CEOs, some of whom have a CPA designation and public accounting backgrounds) and Board Compensation Committee (BOD chair, Vice Chair, 2nd Vice Chair, and other BOD members usually with leadership roles in the Association). The Audit Committee Chair is a member of the Board of Directors and provides regular reports of the audit Committee to the Board of Directors.

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The Association's internal process for review of tax forms is extensive. Due to the complexity of the return, the Association has hired its outside accounting firm to prepare the Form 990. The Association's accounting firm provides an extensive list of required information. The Association's controller accumulates the data and forwards to the outside accounting firm who drafts the Form 990. A draft of the form 990 is then reviewed by the Staff Review. Group (SRG) which is comprised of the Association's Chief Financial officer, Controller, the General Counsel and others. The Controller accumulates all comments and forwards to the outside accounting firm to be incorporated in the final draft of the form 990. The final draft is provided to the Audit Committee. The Controller reviews the 990 with the Audit Committee. The Audit Committee chair reports on this review to the Board of Directors. The 990 is provided to the Board of Directors before it is filed.

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The organization has new employees review and sign a statement of compliance with the conflict of interest policy at the time of hiring. All employees and Board members have a continuing duty to report any actual or potential conflict of interest in accordance with the policy and annually sign a statement of compliance. New Board Members (NBM's) attend a Board orientation session with the organization's Chairman, President, Chief Financial Officer, General Counsel and others where the Association's policies are reviewed. NBM's make a declaration of any potential conflict of interest. All Board members have a continuing duty to report any actual or potential conflict. The potential conflicts for Board members, officers, employees and others are reviewed by the Association's CEO, General Counsel, CFO and Human Resources vice president and a schedule is prepared and furnished to the independent auditors and made available to the AGA Audit Committee. More detail is provided in the policy.

Return Reference	Explanation
Form 990, Part VI, Section B, Inne 15	CEO The CEO's compensation is first discussed by the Board Compensation Committee with an independent consulting firm specializing in non-profit organizations to determine the Board Compensation Committee's recommendation to the Board of Directors the Chairman of the Board then presents the recommendations and reasons for the CEO compensation adjustment, if any the ceo's compensation is then approved by vote of the full board. Contemporaneous substantiation of the deliberations, decisions, and Board of Directors action is maintained in the Human Resource files and minutes of the Compensation Committee and Board of Directors MEETINGS. Other officers or key employees. The Association utilizes a multifaceted approach to determine compensation not only for its CEO, but for its officers and employees. This includes establishing written position descriptions, salary ranges for positions, setting position goals, providing written performance evaluations, measurement of performance, quarterly, semi-annual or annual goal review, and contemporaneous substantiations of the process. The Association's current compensation policy dated November 30, 2011 describes the process in more detail. The Association also retains an independent compensation consulting firm to advise the Board Compensation Committee and officers. Compensation adjustments usually are recommended by supervisors and approved by managers, directors and/or officers. Adjustments must also be approved by the Vice president, Human Resources. Officer and vice president individual salary adjustments are recommended to the Board Compensation Committee by the CEO, and must be approved by the Board Compensation committee after review and then reported to the Board of Directors.

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The organization makes the information available in a number of ways. The organization's governing documents, officers, board members and members are available on AGA's website (www aga org) under "About US." THE CONFLICT OF INTEREST STATEMENT IS ALSO AVAILABLE LINDER. "ABOUT US." Financial Statements are provided to the entire Board and others on a quarterly basis. Annual audited financial statements are provided to the entire membership. Financial, governance and other information can also be obtained from the Association electronically by request under "Contact Us" on the website or by mail

Return Reference	Explanation
Form 990, Part IX, line 11g	Credit Card Fees 146,252 Outside Services 3,992,212

Return Reference	Explanation
Form 990, Part XI, line 9	FAS 158 Adjustment -635,511

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
SCHEDULE R | Related Or

DLN: 93493319050356OMB No 1545-0047

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

(Form 990)

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

AMERICAN GAS ASSOCIATION								
Part I Identification of Disregarded Entities Comple	te if the organization a	answered "Yes" or	n Form 990, Pa	13-04315 rt IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	D	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz	ations Complete if the	o organization an	swored "Ves" (n Form 990 Pa	rt 1\/	ino 24 hocauso it	had one	
or more related tax-exempt organizations during th	e tax year.	e organizacion ans	swered res (лі Гоіні ээ о, ға	1010,1	me 54 because it	nau one	<u>-</u>
(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion Public charity (if section 501)	status (c)(3))	(f) Direct controlling entity	Section (13) co	g) 512(b) ontrolled
							Yes	No
(1)American Gas Assn PAC C00007450 400 North Capitol Street NW Washington, DC 20001	Political Action Committee	DC	527			N/A	Yes	
								_

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990,	Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.		

(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca) irtionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentag ownership
			314)			Yes	No	1	Yes	No	i
						-					İ
											İ
										\vdash	
											İ
										\sqcup	
											İ

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

	No			
(i) Section 512 (b)(13) controlled entity?	Yes			
(h) Percentage ownership				
(g) Share of end- of-year assets				
(f) Share of total income				
(e) Type of entity (C corp, S corp, or trust)				
(d) Direct controlling entity				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of related organization				

 ${f o}$ Sharing of paid employees with related organization(s)

chedule R (Form 990) 2015		Раç	ge 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1 a		No
b Gift, grant, or capital contribution to related organization(s)	1 b		No
c Gift, grant, or capital contribution from related organization(s)	1 c		No
d Loans or loan guarantees to or for related organization(s)	1 d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	1 1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	Yes	

р	Reimbursement paid to related organization(s) for expenses				1 p	N	lo					
q	Reimbursement paid by related organization(s) for expenses				1q	N	lo					
r	Other transfer of cash or property to related organization(s)				1r Ye	es						
s	Other transfer of cash or property from related organization(s)				1s	N	lo					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds											
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved								
1)american gas association pac		N	0	below \$50K threshold								
2)american gas association pac		R	0	BELOW \$50K threshold								

10

No

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions r				ment	partnerships								
(a) Name, address, and EIN of entity	(b) (c) (d) Predominant income (related, organization country) (control to the country) (control to the country) (control to the country) (control to the country) (control to the countrol to		(e) all partners section (01(c)(3) anizations?	(f) Share of total income (g) Share of end-of-year assets		r allocations?		(r) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership		
			314)	Yes	No			Yes	No		Yes	No	

